11 Myths and Facts
About America's Affordable Health Choices Act

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Myth: Individuals will be required to enroll in the public option in lieu of their existing private plans. (Page 16)

Fact: Individuals and their dependents will be able to retain their coverage as long as it meets the minimum coverage requirements that apply to plans listed on the exchange. Limited benefits plans are exempt from this requirement.

Myth: Undocumented aliens will have unrestricted access to free public healthcare services. (Page 50)

Fact: This section mandates nondiscrimination in the provision of health care insurance and treatment. This Act does not supersede existing state immigration laws.

Myth: The government will have access to your bank records. (Page 59)

Fact: The legislation requires the use of electronic funds transfer where possible to reduce transaction costs. Direct deposit is widely used by private firms and government agencies alike.

Myth: Government will have total control over plans through Exchange participation requirement. (Page 84)

Fact: The Secretary is authorized to seek out, offer bids to and negotiate with health care insurance providers and to set standards for those plans that will be listed on the Exchange. There is no participation requirement.

Myth: The Government will pay ACORN and AmeriCorps to sign up individuals for Government-run Health Care plan. (Page 95)

Fact: Section 205 says the Health Choices commissioner is charged with publicizing the options on the health care exchange. The legislation says the commissioner "may work with other appropriate entities to facilitate the dissemination of information." The bill does not mention ACORN or AmeriCorps.

Myth: An employer must enroll employees into the government-run public plan. No alternatives. (Page 145)

Fact: An employer must either pay an 8% payroll tax for failing to provide a health insurance or offer adequate health insurance coverage to their employees. If there is an employer health insurance plan available, employees are automatically enrolled in that plan, not any other plan.

Myth: Bill will reduce physician services for Medicaid. Seniors and the poor most affected. (Page 239)

Fact: This section ensures that the doctors who treat elderly and lower income individuals are being fairly reimbursed for the services that they provide, and that the Medicare reimbursement rate keeps up with the medical inflation rate. In fact, it actually encourages better treatment of the elderly and poor.

Specifically, it proposes that future updates to reimbursement rates be based on the Medicare Economic Index, rather than the Sustainable Growth Rate (SGR) for physicians' services.

Myth: Hospital Expansion will involve ACORN. (Page 321)

Fact: The legislation requires hospitals to consult with surrounding communities before undertaking significant capital investment or expansion projects to asses the impacts of such projects. ACORN is not mentioned.

Myth: Outcome-based measures are equivalent to rationing (Page 335)

Fact: Outcome-based measures are designed to reduce cost and increase patient safety. They include things like readmission rates following procedures as well as patient mortality and morbidity rates.

Myth: The government can arbitrarily disqualify Medicare Advantage plans. (Page 341)

Fact: The Secretary may disqualify plans based on insufficient enrollment and performance only.

Myth: More bureaucracy will be created by Advance Care Planning Counseling, encouraging assisted suicide and euthanasia for seniors. (Page 425)

Fact: H.R.3200 encourages doctors and patients to sit down with one another and discuss end-of-life issues, if they have not done so in the past five years. Nowhere in the bill does it tell doctors to encourage assisted suicide and euthanasia. Instead, doctors are encouraged to explain confusing issues that often arise at the end of life such as the living wills, power of attorney, artificial hydration and nutrition, the use of antibiotics, and other questions that often arise without advance planning. This bill actually empowers patients to make their own decisions, to make better informed decisions, and to ensure their wishes are carried out.

For more information, and to take the online Health Care survey, please visit our website at: http://dahlkemper.house.gov